

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

05

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 147

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 4D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		532260.11
(b) Cash on Hand at Beginning of Reporting Period	622029.93	
(c) Total Receipts (from Line 19)	126194.60	393449.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	748224.53	925709.33
7. Total Disbursements (from Line 31)	64394.59	241879.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	683829.94	683829.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 147

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 4D D
3 0Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	108872.56	328566.79
(ii) Unitemized	17320.41	62372.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	126192.97	390939.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	126192.97	390939.47
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.63	9.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	126194.60	393449.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	126194.60	393449.22

DETAILED SUMMARY PAGE

of Disbursements

4 / 147

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	194.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	194.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	240000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	394.59	1685.39	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64394.59	241879.39	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64394.59	241879.39	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 147

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	126192.97	390939.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126192.97	390939.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	194.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	194.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Greenshields

Mailing Address 6090 Old Lexington Rd

City

Athens

State

GA

Zip Code

30605-5060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 34195613

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Darren M. Davenport

Mailing Address 1948 1st Ave NE

City

Cedar Rapids

State

IA

Zip Code

52402-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Iowa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 34195615

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Hite

Mailing Address 434 New Britain Dr

City

Lynchburg

State

VA

Zip Code

24503-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208166

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Hall, JR

Mailing Address 109 Overlink Court

City

Lynchburg

State

VA

Zip Code

24503-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208167

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. John L. Alfieri

Mailing Address 203 Paddington Court

City

Lynchburg

State

VA

Zip Code

24503-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208168

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Schepens

Mailing Address 101 Trinity Ct

City

Lynchburg

State

VA

Zip Code

24502-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208169

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Parham Fox

Mailing Address Radiology Consultants
113 Nationwide Dr

City State Zip Code
Lynchburg VA 24502-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208170

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Green, JR

Mailing Address Radiology Consultants
113 Nationwide Dr

City State Zip Code
Lynchburg VA 24502-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208175

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kurt Tech

Mailing Address 84 Stephens Rd

City State Zip Code
Grosse Pointe Farm MI 48236-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208176

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Melanie Clark

Mailing Address 1309 Eyrie View Dr

City

Lynchburg

State

VA

Zip Code

24503-6571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208177

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Matthew Berst

Mailing Address 5431 56th Ave Ct

City

Bettendorf

State

IA

Zip Code

52722-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology, S.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208179

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Philip Massey

Mailing Address 14983 Gold Post Ct

City

Centreville

State

VA

Zip Code

20121-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Radiology Associ-
ates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208183

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Rogoff

Mailing Address 58 Rogers Rd

City

Carlisle

State

MA

Zip Code

01741-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208186

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Winston Whitney

Mailing Address 2189 Tustin Ave

City

Costa Mesa

State

CA

Zip Code

92627-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208194

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jay Lichman

Mailing Address 610 Kings Rd

City

Newport Beach

State

CA

Zip Code

92663-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208204

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Iris Choo

Mailing Address 50 Renata

City

Newport Coast

State

CA

Zip Code

92657-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology
Associates Me

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208205

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jon Anderson

Mailing Address 3059 County Road 204

City

Oxford

State

FL

Zip Code

34484-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208208

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Bajayo

Mailing Address 1636 Rockdale Loop

City

Heathrow

State

FL

Zip Code

32746-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208211

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Manoj Bhatia

Mailing Address Lake Imaging Center
PO Box 491633

City State Zip Code
Leesburg FL 34749-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208212

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Pairoj Sea Chang

Mailing Address Radiology Assoc of Central FL
801 E Dixie Ave Ste 104

City State Zip Code
Leesburg FL 34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208213

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rosendo Diaz

Mailing Address 801 E Dixie Ave Ste 104

City State Zip Code
Leesburg FL 34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208214

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Gurinsky

Mailing Address 801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208215

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Held, II

Mailing Address 39144 Harbor Hills Blvd

City

Lady Lake

State

FL

Zip Code

32159-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208218

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Steve Houston

Mailing Address 38901 Berchfield Rd

City

Lady Lake

State

FL

Zip Code

32159-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208219

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Edward Kainz

Mailing Address 2024 Castelli Blvd

City

Mount Dora

State

FL

Zip Code

32757-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208220

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Cathrine Keller

Mailing Address 30049 Johnsons Point Rd

City

Leesburg

State

FL

Zip Code

34748-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208221

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Levine

Mailing Address Lake Medical Imaging
801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208222

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Yi Liu

Mailing Address 39842 Darlington Ave

City

Lady Lake

State

FL

Zip Code

32159-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208297

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John McMullen, III

Mailing Address 1771 Heim Rd

City

Mount Dora

State

FL

Zip Code

32757-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208298

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mahrads Paymani

Mailing Address 7635 Frog Log Ln

City

Leesburg

State

FL

Zip Code

34748-9170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208299

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marc Schwartzberg

Mailing Address 801 E Dixie Ave

City

Leesburg

State

FL

Zip Code

34748-7699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208300

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anton Serafini

Mailing Address 173 Harston Ct

City

Lake Mary

State

FL

Zip Code

32746-6973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208301

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Frans Van Dijk

Mailing Address 1965 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-6911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208353

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Weyn

Mailing Address 801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208354

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Maurice Yoskin

Mailing Address PO Box 78

City

Eastlake Weir

State

FL

Zip Code

32133-0078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34208355

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214329

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214330

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214331

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214332

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214333

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214577

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code
Panama City FL 32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214578

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214579

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214580

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Bognanno

Mailing Address 1774 Hourglass Dr

City

Carmel

State

IN

Zip Code

46032-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214581

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Childress

Mailing Address 7340 Shadeland Station Ste 200

City

Indianapolis

State

IN

Zip Code

46256-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214620

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bryan Hankins

Mailing Address 9654 Pleasant View Ln

City

Zionsville

State

IN

Zip Code

46077-9817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214621

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Todd Harris

Mailing Address 5880 Sunset Ln

City

Indianapolis

State

IN

Zip Code

46228-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214622

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Susan Ivancevich

Mailing Address 365 East 75th Street

City

Indianapolis

State

IN

Zip Code

46240-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214624

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenyon K. Kopecky

Mailing Address 650 Sugarbush Dr

City

Zionsville

State

IN

Zip Code

46077-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214625

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jean Kraft

Mailing Address 5187 Sue Dr

City

Carmel

State

IN

Zip Code

46033-8669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214654

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Kurlander

Mailing Address 12511 Glendurgan Dr

City

Carmel

State

IN

Zip Code

46032-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214655

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Catherine Kurowski

Mailing Address 528 E 56th St

City

Indianapolis

State

IN

Zip Code

46220-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214656

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Dale McCarter

Mailing Address 7150 N Pennsylvania St

City

Indianapolis

State

IN

Zip Code

46240-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologist

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gordon McLaughlin, III

Mailing Address 8440 Coral Reef Ct

City

Indianapolis

State

IN

Zip Code

46256-9505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214658

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Myers

Mailing Address 4412 W Easy St

City

New Palestine

State

IN

Zip Code

46163-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Ohio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214700

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce Richmond

Mailing Address 8106 Halyard Way

City

Indianapolis

State

IN

Zip Code

46236-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214701

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Savader

Mailing Address Irvington Radiologists PC

7340 Shadeland Station Ste 200

City

State

Zip Code

Indianapolis

IN

46256-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214703

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Smart

Mailing Address PO Box 150850

City

State

Zip Code

Cape Coral

FL

33915-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214704

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephan Stockberger, JR

Mailing Address 12909 Rocky Pointe Rd

City

State

Zip Code

Mc Cordsville

IN

46055-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214705

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Swack

Mailing Address 9703 Hunt Club Rd

City

Zionsville

State

IN

Zip Code

46077-8454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214858

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Perry Wethington

Mailing Address 12060 Landover Lane

City

Fishers

State

IN

Zip Code

46038-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214859

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Yedlicka

Mailing Address 9034 Bay Breeze Ct

City

Indianapolis

State

IN

Zip Code

46236-9170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214861

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Donnal

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214862

Amount of Each Receipt this Period

249.99

C.

Full Name (Last, First, Middle Initial)

Dr. Lauren Granata

Mailing Address 1317 Five Point Rd

City

Virginia Beach

State

VA

Zip Code

23454-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214875

Amount of Each Receipt this Period

252.00

SUBTOTAL of Receipts This Page (optional)

1101.99

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Ho

Mailing Address Medical Cntr Rads Inc Bldg 13
6330 N Center Dr Ste 220City State Zip Code
Norfolk VA 23502-4008FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center Radiologis-
ts, IOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214876

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Dr. Yoonah Kim

Mailing Address 917 Kings Cross

City State Zip Code
Virginia Beach VA 23452-6230FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center Radiologis-
ts, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214877

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Kushner

Mailing Address 2020 Canal Rd

City State Zip Code
Virginia Beach VA 23451-1615FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center Radiologis-
tsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214878

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Phillip Luebbert

Mailing Address 9528 25th Bay St

City

Norfolk

State

VA

Zip Code

23518-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214881

Amount of Each Receipt this Period

249.99

B.

Full Name (Last, First, Middle Initial)

Dr. Susan McKenzie

Mailing Address Medical Ctr Rads Inc Bldg 13
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214882

Amount of Each Receipt this Period

249.99

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Specht

Mailing Address 3309 Chappell Pl

City

Virginia Beach

State

VA

Zip Code

23452-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214884

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

799.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marshall Weissberger

Mailing Address Medical Center Radiologists

6330 N Center Dr Bldg 13 Ste 220

City

State

Zip Code

Norfolk

VA

23502-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214886

Amount of Each Receipt this Period

249.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Bruce Gotway

Mailing Address 7101 E Berneil Ln

City

State

Zip Code

Paradise Valley

AZ

85253-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214890

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Horsley

Mailing Address Scottsdale Medical Imaging Ltd

3501 N Scottsdale Rd Ste 130

City

State

Zip Code

Scottsdale

AZ

85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214891

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

774.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sunil Ram

Mailing Address 12455 N 118th Way

City

Scottsdale

State

AZ

Zip Code

85259-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214899

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rodney Owen

Mailing Address 9122 N 60th St

City

Paradise Valley

State

AZ

Zip Code

85253-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214939

Amount of Each Receipt this Period

270.00

C.

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214940

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 8370 Rustic Woods Way

City

Loomis

State

CA

Zip Code

95650-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214941

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214942

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214943

Amount of Each Receipt this Period

680.04

SUBTOTAL of Receipts This Page (optional)

1280.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City

El Macero

State

CA

Zip Code

95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214945

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City

Davis

State

CA

Zip Code

95618-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214946

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214947

Amount of Each Receipt this Period

625.02

SUBTOTAL of Receipts This Page (optional)

1225.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214950

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214951

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City State Zip Code
Carmichael CA 95608-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214952

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Glenn Hofer

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214953

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City State Zip Code
Sacramento CA 95818-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214954

Amount of Each Receipt this Period

252.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City State Zip Code
Rocklin CA 95765-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214955

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

852.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City

El Macero

State

CA

Zip Code

95618-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214956

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214957

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214958

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214959

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214960

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Sacramento
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214962

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214964

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214965

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214966

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214967

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Susan Sompayrac

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc of Sac-
ramen

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214968

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214969

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214972

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
 Davis CA 95616-5087

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214973

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 University of California

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214975

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214977

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214978

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Jones

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City State Zip Code
Sacramento CA 95816-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34214980

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214981

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address Radiation Oncology Centers
2 Medical Plaza Dr Ste 180City State Zip Code
Roseville CA 95661-3049FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiation Oncology CentersOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214982

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Transaction ID: 34214983

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Davis

Mailing Address 5 Veritas Way

City

Barrington

State

RI

Zip Code

02806-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215502

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terrance Healey

Mailing Address 88 Amy Drive

City

Cranston

State

RI

Zip Code

02921-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215503

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Ferguson

Mailing Address 2622 English Oak Dr

City

Ann Arbor

State

MI

Zip Code

48103-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huron Valley Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin O. Hicks

Mailing Address 4709 John Scott Drive

City

Lynchburg

State

VA

Zip Code

24503-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215505

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Newton

Mailing Address Radiology Consultants
113 Nationwide dr

City

Lynchburg

State

VA

Zip Code

24502-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215506

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Hellewell

Mailing Address 1515 Parkland Dr

City

Lynchburg

State

VA

Zip Code

24503-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 34215527

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. A Tanner Shilling

Mailing Address 1124 Hilltop Rd

City

Charlottesville

State

VA

Zip Code

22903-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	0

Transaction ID: 34215529

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: 34336441

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Shortsleeve

Mailing Address 4 Granville Rd

City

Lincoln

State

MA

Zip Code

01773-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: 34336442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Rogoff

Mailing Address 58 Rogers Rd

City

Carlisle

State

MA

Zip Code

01741-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336443

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ralph Reichle

Mailing Address 259 Independence Rd

City

Concord

State

MA

Zip Code

01742-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336444

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Dratch

Mailing Address Mt Auburn Hospital
330 Mt Auburn St

City

Cambridge

State

MA

Zip Code

02138-5597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Langston

Mailing Address Mt Auburn Hospital
330 Mt Auburn St

City State Zip Code
Cambridge MA 02138-5597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336446

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jalques Pierre Sasson

Mailing Address 228 Wolcott Rd

City State Zip Code
Chestnut Hill MA 02467-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336447

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Madeline Crivello

Mailing Address 51 Morse Rd

City State Zip Code
Newtonville MA 02460-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336448

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Edward B. Marianacci

Mailing Address 177 Walnut St

City

Newton

State

MA

Zip Code

02460-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336449

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Siew Teoh

Mailing Address 196 E Emerson Rd

City

Lexington

State

MA

Zip Code

02420-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336450

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hyewon Hyun

Mailing Address Mount Auburn Hospital
330 Mount Auburn St

City

Cambridge

State

MA

Zip Code

02138-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336516

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Cushing, JR

Mailing Address Schatzki Associates Inc
31 Smith Pl

City State Zip Code
Cambridge MA 02138-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336517

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alejandro Heffess

Mailing Address 75 Centre Street

City State Zip Code
Brookline MA 02446-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336518

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeremy Schiller

Mailing Address 14 Broad St

City State Zip Code
Salem MA 01970-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schatzki Associates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336519

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336560

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address 527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336646

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City State Zip Code
Panama City FL 32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336647

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336648

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336649

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336650

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Strohmenger

Mailing Address 2818 Canal Dr

City

Panama City

State

FL

Zip Code

32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336651

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336652

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336653

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336654

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336656

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336657

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336658

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336659

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336660

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336661

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336662

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

New York

State

NY

Zip Code

10023-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336663

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336664

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336665

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336666

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336667

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336668

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Arnett

Mailing Address 9117 S Crestview Dr

City

Spokane

State

WA

Zip Code

99224-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Balmforth

Mailing Address 1710 E Sunburst Ln

City

Spokane

State

WA

Zip Code

99224-8331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ishwara Bhat

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336744

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jayson Brower

Mailing Address 845 E Overbluff Rd

City

Spokane

State

WA

Zip Code

99203-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rick Brunkan

Mailing Address 1117 S Wall St

City

Spokane

State

WA

Zip Code

99204-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336746

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Don Cubberley

Mailing Address Inland Imaging Associates, PS
801 S Stevens St

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336747

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Edens

Mailing Address 1302 E Welden Dr

City

Spokane

State

WA

Zip Code

99223-6361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Friend

Mailing Address 7151 E Rancho Vista Dr Unit 5007

City

Scottsdale

State

AZ

Zip Code

85251-1593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336749

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Grable

Mailing Address 22828 E Red Feather Ln

City

Liberty Lake

State

WA

Zip Code

99019-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336750

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Handy

Mailing Address 3310 S Quinimose Rd

City

Liberty Lake

State

WA

Zip Code

99019-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Arnold Honick

Mailing Address 7829 NE Esperione Ln

City

Bainbridge Island

State

WA

Zip Code

98110-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336752

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Corey Judd

Mailing Address 1304 E Hangman Ln

City

Spokane

State

WA

Zip Code

99224-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336753

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Julie Kaczmark

Mailing Address 1327 E Upper Meadow Ln

City

Spokane

State

WA

Zip Code

99224-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor Univ Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Keyes

Mailing Address Inland Imaging
525 S Cowley St

City State Zip Code
Spokane WA 99202-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336755

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tasneem Lalani

Mailing Address 6106 147th PI NE

City State Zip Code
Redmond WA 98052-4781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336756

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Patric Lewis

Mailing Address 312 W Comstock St

City State Zip Code
Seattle WA 98119-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Terri Lewis

Mailing Address Inland Imaging
525 S Cowley St

City State Zip Code
Spokane WA 99202-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ernest Madarang

Mailing Address 801 S Stevens St

City State Zip Code
Spokane WA 99204-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336759

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth McCabe

Mailing Address 1216 E 36th Ave

City State Zip Code
Spokane WA 99203-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Colorado Health
Sci Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Munoz

Mailing Address 801 S Stevens St

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of AZ

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336761

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Murray

Mailing Address Inland Imaging PS
801 S Stevens

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336762

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robin Ratcliff

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336763

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Peter Remedios

Mailing Address 24724 142nd Ave SE

City

Kent

State

WA

Zip Code

98042-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336764

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Romano

Mailing Address 608 W Cotta Ave

City

Spokane

State

WA

Zip Code

99204-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336765

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Russell

Mailing Address 5574 W Onyx Cir

City

Coeur D Alene

State

ID

Zip Code

83814-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mai Russell

Mailing Address 3566 SW Admiral Way

City

Seattle

State

WA

Zip Code

98126-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336767

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Trent Sanders

Mailing Address 4207 N Post St

City

Spokane

State

WA

Zip Code

99205-1155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336768

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Schulte

Mailing Address 2024 S Overbluff Ct

City

Spokane

State

WA

Zip Code

99203-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Cameron Seibold

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336770

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Justin Smith

Mailing Address 8488 Hunts Point Ln

City

Hunts Point

State

WA

Zip Code

98004-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336771

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Sohn

Mailing Address 10705 NE 28th St

City

Bellevue

State

WA

Zip Code

98004-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336772

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Sterne

Mailing Address 1046 NE 88th Street

City

Seattle

State

WA

Zip Code

98115-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: 34336773

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Symington

Mailing Address 7105 E 44th Ave

City

Spokane

State

WA

Zip Code

99223-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates,
P.S.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: 34336774

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gordon Teel

Mailing Address 6514 S Devonshire Ct

City

Spokane

State

WA

Zip Code

99223-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	0

Transaction ID: 34336775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joshua Walsh

Mailing Address 2987 E Park Ave

City

Gilbert

State

AZ

Zip Code

85234-6359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336776

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Norbert Yee

Mailing Address 2129 N 63rd St

City

Seattle

State

WA

Zip Code

98103-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336777

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Xavier Zielinski

Mailing Address 16220 N Dalton Rd

City

Spokane

State

WA

Zip Code

99208-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 34336778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher M. Zylak

Mailing Address 6109 E 25th St

City

Spokane

State

WA

Zip Code

99223-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Transaction ID: 34336779

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Yeh

Mailing Address 330 Cordova St Unit 311

City

Pasadena

State

CA

Zip Code

91101-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark M. Yeh, M.D., Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Transaction ID: 34337847

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Wallace Peck

Mailing Address 31 Mahogany Dr

City

Irvine

State

CA

Zip Code

92620-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Transaction ID: 34337848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Liebscher

Mailing Address 2615 W 4th St

City

Waterloo

State

IA

Zip Code

50701-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Medical Spec-
ialists, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363590

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Isaac Kirk, III

Mailing Address 3756 Westerman

City

Houston

State

TX

Zip Code

77005-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Radiology Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363591

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shawn Teague

Mailing Address 11844 Tarver Ct

City

Fishers

State

IN

Zip Code

46037-8277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Univ School of Me-
dicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363592

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bobby Thomas

Mailing Address 1961 Crystal Hills Dr

City

Athens

State

GA

Zip Code

30606-5389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363596

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. Darrin Johnson

Mailing Address 1701 Drake Ave

City

Huntsville

State

AL

Zip Code

35802-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363597

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City

Salem

State

OR

Zip Code

97302-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Radiology Consultan-
ts

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34363599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365600

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City

Ormond Beach

State

FL

Zip Code

32174-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365695

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365702

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365706

Amount of Each Receipt this Period

208.34

B.

Full Name (Last, First, Middle Initial)

Dr. James Courtney

Mailing Address 27 Hillwood Rd

City

Mobile

State

AL

Zip Code

36608-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.25

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365708

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City

Birmingham

State

AL

Zip Code

35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365711

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

333.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365712

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 2240 S. Elks Lane
Unit 55

City

Yuma

State

AZ

Zip Code

85364-6284

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365714

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address Radiology of Huntsville
2006 Franklin St SE Ste 200

City

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Ctr-Montc-
lair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365718

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Mittl, JR

Mailing Address 4733 Coburn Court

City

Charlotte

State

NC

Zip Code

28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365726

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology
1406 6th Ave N

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34365736

Amount of Each Receipt this Period

208.34

C.

Full Name (Last, First, Middle Initial)

Dr. Mahesh Shetty

Mailing Address Baylor College of Med
7600 Fannin St

City

Houston

State

TX

Zip Code

77054-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 34384146

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Thaler

Mailing Address 110 S Front St Ste 800

City

Philadelphia

State

PA

Zip Code

19106-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407435

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Husted

Mailing Address Crozier-Chester Med Ctr
1 Medical Center Blvd

City

Chester

State

PA

Zip Code

19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407436

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Damon Soeiro

Mailing Address 102 S Swarthmore Ave

City

Swarthmore

State

PA

Zip Code

19081-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407437

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Stock

Mailing Address 115 Plush Mill Road

City

Wallingford

State

PA

Zip Code

19086-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407438

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City

Wallingford

State

PA

Zip Code

19086-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407439

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407440

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Hiehle, JR

Mailing Address 915 Westdale Avenue

City

Swarthmore

State

PA

Zip Code

19081-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407441

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chad Brecher

Mailing Address 235 S Wayne Ave

City

Wayne

State

PA

Zip Code

19087-4820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407442

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jay Kleinman

Mailing Address 2130 Greenbrier Dr

City

Villanova

State

PA

Zip Code

19085-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407443

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Gordon

Mailing Address 521 Winding Way

City

Merion Station

State

PA

Zip Code

19066-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407444

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City

Media

State

PA

Zip Code

19063-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407450

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amr El Jack

Mailing Address 2223 E Deerfield Drive

City

Media

State

PA

Zip Code

19063-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407451

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City

State

Zip Code

Media

PA

19063-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407452

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City

State

Zip Code

Newtown Square

PA

19073-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407453

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. K. Ramprasad

Mailing Address 116 Harwicke Road

City

State

Zip Code

Springfield

PA

19064-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407454

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City

Newtown Square

State

PA

Zip Code

19073-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407455

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City

Wilmington

State

DE

Zip Code

19808-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407456

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Irene Woo

Mailing Address 6 Greystone Cir

City

Newtown Square

State

PA

Zip Code

19073-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407457

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lance Becker

Mailing Address 1405 Wesleys Run

City

Gladwyne

State

PA

Zip Code

19035-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407458

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City

Chadds Ford

State

PA

Zip Code

19317-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407459

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Robert Fisher

Mailing Address 2035 Grantham Rd

City

Berwyn

State

PA

Zip Code

19312-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407460

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City

Newtown Square

State

PA

Zip Code

19073-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407461

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City

Media

State

PA

Zip Code

19063-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407462

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia Saluk

Mailing Address 916 Winding Way

City

Media

State

PA

Zip Code

19063-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407463

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. C Amy Wilson

Mailing Address 146 W Tulpehocken St

City

Philadelphia

State

PA

Zip Code

19144-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407464

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Justin Blum

Mailing Address 11 Kershaw Road

City

Wallingford

State

PA

Zip Code

19086-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407467

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407468

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Booker, JR

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407469

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Harlan

Mailing Address CRA
18 13th Ave NE

City

Hickory

State

NC

Zip Code

28601-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407470

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nicholas Frankel

Mailing Address PO Box 9470

City

Hickory

State

NC

Zip Code

28603-9470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407471

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Bools

Mailing Address Catawba Radiological Assoc
18 13th Ave NE

City State Zip Code
Hickory NC 28601-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407472

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City State Zip Code
Hickory NC 28601-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407473

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc
PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407474

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Jacobs

Mailing Address 3818 11th Street PI NE

City

Hickory

State

NC

Zip Code

28601-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407475

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Seshul, SR

Mailing Address 1009 13th Avenue PI NW

City

Hickory

State

NC

Zip Code

28601-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407476

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Rautiola

Mailing Address 821 8th St NW

City

Hickory

State

NC

Zip Code

28601-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407478

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City

Hickory

State

NC

Zip Code

28601-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407479

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Curtis

Mailing Address 147 Winwood Cir

City

Granite Falls

State

NC

Zip Code

28630-9558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407480

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Knox Tate

Mailing Address 809 8th Ave NW

City

Hickory

State

NC

Zip Code

28601-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407481

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Dorio

Mailing Address 1817 Medea Ct

City

Naples

State

FL

Zip Code

34109-7122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407491

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Hamilton

Mailing Address Naples Radiologists PA
PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407492

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William W. Hutchins

Mailing Address 6607 Glen Arbor Way

City

Naples

State

FL

Zip Code

34119-4658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407493

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Lim

Mailing Address Naples Radiologists
PO Box 9829

City State Zip Code
Naples FL 34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407494

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Meli

Mailing Address Naples Radiologists PA
PO Box 9829

City State Zip Code
Naples FL 34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407495

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Ryan

Mailing Address Naples Radiologists PA
PO Box 9829

City State Zip Code
Naples FL 34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Shamit Sarangi

Mailing Address PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407684

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Singer

Mailing Address Naples Radiologists
PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407685

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Smock

Mailing Address 445 Terracina Ln

City

Naples

State

FL

Zip Code

34119-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407686

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew Strange

Mailing Address PO Box 9829

City

Naples

State

FL

Zip Code

34101-9829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407687

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric Vensel

Mailing Address 195 Mahogany Dr

City

Naples

State

FL

Zip Code

34108-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407701

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Barton

Mailing Address 5046 Highway 29 S

City

Colbert

State

GA

Zip Code

30628-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407702

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Bramlet

Mailing Address 1950 Gober Rd

City
Bishop

State
GA

Zip Code
30621-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407703

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jon DeWitte

Mailing Address 1130 Spring Lake Dr

City
Bishop

State
GA

Zip Code
30621-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407704

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brigid Gerety

Mailing Address 619 W Lake Dr

City
Athens

State
GA

Zip Code
30606-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407705

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jerry O. Smith

Mailing Address 190 Xavier Dr

City

Athens

State

GA

Zip Code

30606-3870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407709

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip Van Dyck

Mailing Address 154 Sedgefield Dr

City

Athens

State

GA

Zip Code

30606-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407710

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Walpert

Mailing Address 1437 Carey Way

City

Athens

State

GA

Zip Code

30606-8603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407711

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Marie Taylor

Mailing Address Washington University

4921 Parkview Pl Box 8224

City

Saint Louis

State

MO

Zip Code

63110-1032

FEC ID number of contributing
federal political committee.**C**Name of Employer
Wash Univ. School of Medi-
cine

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 34407712

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arlene Segal

Mailing Address 2504 NE 66th St

City

Gladstone

State

MO

Zip Code

64118-3758

FEC ID number of contributing
federal political committee.**C**Name of Employer
Retired

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 34407713

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Pawlus

Mailing Address 975 Aqua Cl

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.**C**Name of Employer
Naples Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 34407714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Lowry

Mailing Address Radiology Assoc of Tarrant Co PA
816 W Cannon St

City State Zip Code
Fort Worth TX 76104-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34407717

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Tamas

Mailing Address 9 Hickory Hills Cir

City State Zip Code
Little Rock AR 72212-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34411355

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ramin Behjatnia

Mailing Address 307 W Summit

City State Zip Code
Ann Arbor MI 48103-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huron Valley Radiology,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 34411358

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Medical Center
1900 South Ave C02-002City State Zip Code
La Crosse WI 54601-5467FEC ID number of contributing
federal political committee.**C**Name of Employer
Gundersen Lutheran ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 34411359

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. George Lyons

Mailing Address 2831 E 28th St

City State Zip Code
Tulsa OK 74114-5713FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Consultants of
TulsaOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	0

Transaction ID: 34418383

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Schnitker

Mailing Address 3120 E 33rd St

City State Zip Code
Tulsa OK 74105-2902FEC ID number of contributing
federal political committee.**C**Name of Employer
Tulsa Radiology AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	0

Transaction ID: 34418384

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Phillip Stratemeier

Mailing Address Oklahoma Radiology Group PC
2224 NW 50th St Ste 276WCity State Zip Code
Oklahoma City OK 73112-8088FEC ID number of contributing
federal political committee.**C**Name of Employer
Oklahoma Radiology Group,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: 34418385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Harper

Mailing Address 4706 Balcones Dr

City State Zip Code
Austin TX 78731-5307FEC ID number of contributing
federal political committee.**C**Name of Employer
Balcones Imaging Consulta-
ntsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 34466149

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan John

Mailing Address Univ of TX Med School
6431 Fannin StCity State Zip Code
Houston TX 77030-1503FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ. of TX Med. SchoolOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 34466158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. E Michael Harned

Mailing Address 3321 Humboldt St

City

West Lafayette

State

IN

Zip Code

47906-7204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535572

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Vanessa Albernaz

Mailing Address 507 Guilder Ln

City

Greenville

State

NC

Zip Code

27858-6581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535573

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Berry

Mailing Address 1505 Trafalgar Rd.

City

Winterville

State

NC

Zip Code

28590-9823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535574

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

752.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City State Zip Code
Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535575

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Clark

Mailing Address 324 Dupont Cir

City State Zip Code
Greenville NC 27858-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535576

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Melissa Duncan

Mailing Address 1806 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535577

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Tobin Andrew Finizio, II

Mailing Address 3506 Lakeview Trl

City

Kinston

State

NC

Zip Code

28504-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535578

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leonard Gibson, JR

Mailing Address 1100 Woodland Dr NW

City

Wilson

State

NC

Zip Code

27893-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535579

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ericka Griffin

Mailing Address 2706 Isaac Dr

City

Goldsboro

State

NC

Zip Code

27530-8119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535580

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Herlong

Mailing Address 1212 Sweetbriar Cir

City

Kinston

State

NC

Zip Code

28501-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535581

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535582

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Henryk Kowalski

Mailing Address 512 Chesapeake Pl

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535583

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City

Greenville

State

NC

Zip Code

27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535584

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Lewis

Mailing Address 518 Chesapeake PI

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535585

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535586

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535587

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael McLaughlin

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535588

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City

Greenville

State

NC

Zip Code

27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535589

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535590

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph Robinette

Mailing Address 680 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-7858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535591

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Sayers

Mailing Address 1807 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535592

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535593

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Heather Seymour

Mailing Address Eastern Radiologists Inc.
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535594

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas Shusterman

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535595

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. C Steinbaker

Mailing Address 2859 Drake Mallard Dr

City

Grimesland

State

NC

Zip Code

27837-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535596

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Thaxton

Mailing Address 2301 Harvest Mnr

City

Greenville

State

NC

Zip Code

27858-7800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535597

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535598

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bobby Walters, JR

Mailing Address 2231 Lexington Farms Court

City

Greenville

State

NC

Zip Code

27834-7765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535599

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas West

Mailing Address Eastern Radiologists Inc
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535600

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Dr. Penni Barrett

Mailing Address 5028 E 84th St

City

Tulsa

State

OK

Zip Code

74137-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Tulsa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 34535620

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544665

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544666

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544667

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544668

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544669

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544671

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544672

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544673

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544674

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544675

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544676

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544677

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

New York

State

NY

Zip Code

10023-4132

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544678

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544679

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Peters

Mailing Address 3850 E 14 Apt U

City

Casper

State

WY

Zip Code

82609-3100

FEC ID number of contributing
federal political committee.**C**Name of Employer
Casper Medical Imaging,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544690

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Sloan

Mailing Address PO Box 1646

City

Cheyenne

State

WY

Zip Code

82003-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544691

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Smith

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City

Casper

State

WY

Zip Code

82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544692

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Sulser

Mailing Address 5280 Squaw Creek Rd

City

Casper

State

WY

Zip Code

82604-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544693

Amount of Each Receipt this Period

480.00

SUBTOTAL of Receipts This Page (optional)

2180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Burkett

Mailing Address 6 Crooked Bridge Way

City

Ormond Beach

State

FL

Zip Code

32174-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544694

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Oscar Carbonell

Mailing Address 12 Broadriver Rd

City

Ormond Beach

State

FL

Zip Code

32174-8743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544695

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Cox

Mailing Address 23 Lake Vista Way

City

Ormond Beach

State

FL

Zip Code

32174-6762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544696

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Levy

Mailing Address 2141 Villa Way

City

New Smyrna Beach

State

FL

Zip Code

32169-2089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Schiering

Mailing Address 1 Willow Oaks Trl

City

Ormond Beach

State

FL

Zip Code

32174-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544698

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Miles

Mailing Address 3554 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34544699

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Melvin Stone

Mailing Address 32 N Saint Andrews Dr

City

Ormond Beach

State

FL

Zip Code

32174-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544700

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Turetsky

Mailing Address 608 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176-4763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544701

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Yuschok

Mailing Address 162 Laurelwood Ln

City

Ormond Beach

State

FL

Zip Code

32174-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	0

Transaction ID: 34544702

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Zapolsky

Mailing Address 1449 Knapp St

City

Oshkosh

State

WI

Zip Code

54902-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 34546884

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Mena

Mailing Address 5236 Brook Haven Dr

City

Saint Joseph

State

MO

Zip Code

64507-7767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Saint Joseph

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 34559885

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rita Pink

Mailing Address 5083 Elizabeth Lake Rd

City

Waterford

State

MI

Zip Code

48327-2741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triad Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 34559886

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brent Wagner

Mailing Address PO Box 16052

City

Reading

State

PA

Zip Code

19612-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Transaction ID: 34559887

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Tonkin

Mailing Address 2005 S Palmetto Ave

City

South Daytona

State

FL

Zip Code

32119-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Transaction ID: 34559889

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. James P. Trotter, Jr.

Mailing Address PO Box 2787

City

Columbus

State

GA

Zip Code

31902-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Services Netwo-
rk

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Transaction ID: 34559890

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576122

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576170

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st PI

City

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma Health
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576180

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City

Birmingham

State

AL

Zip Code

35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576181

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Redvanly

Mailing Address 4315 Gosford PI

City

Charlotte

State

NC

Zip Code

28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576182

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jaendl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576183

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia
1120 15th St BA1414

City

Augusta

State

GA

Zip Code

30912-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576187

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576189

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

268.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576192

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576194

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576199

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

292.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City

Lincoln

State

MA

Zip Code

01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576201

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr. Amy Kirby

Mailing Address 5209 Pulchella Dr

City

Oklahoma City

State

OK

Zip Code

73142-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Eye Imaging

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576203

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34576206

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

383.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Barry

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology Assoc
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577015

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Boles

Mailing Address 380 Throckmorton Rd

City Madison State NC Zip Code 27025-7939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.56

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577017

Amount of Each Receipt this Period

206.56

C.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Brown

Mailing Address 6204 Moores Creek Dr

City Summerfield State NC Zip Code 27358-8007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577018

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

658.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Clark, JR

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577021

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. John Curnes

Mailing Address 119 Staunton Drive

City Greensboro State NC Zip Code 27410-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577022

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas D'Alessio

Mailing Address 483 N Avalon Rd

City Winston Salem State NC Zip Code 27104-2044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577023

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Caron Dover

Mailing Address 2004 Needleleaf Ln

City

Greensboro

State

NC

Zip Code

27410-2883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577024

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. John Edmunds

Mailing Address 3015 Lake Forest Dr

City

Greensboro

State

NC

Zip Code

27408-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

206.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577028

Amount of Each Receipt this Period

206.56

C.

Full Name (Last, First, Middle Initial)

Dr. Dayne Hassell, III

Mailing Address 2206 Madison Ave

City

Greensboro

State

NC

Zip Code

27403-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577031

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

658.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Henn

Mailing Address 2007 Needleleaf Ln

City

Greensboro

State

NC

Zip Code

27410-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577032

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Lawrence

Mailing Address 21 Flagship Cv

City

Greensboro

State

NC

Zip Code

27455-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577037

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. Walter Liebkemann

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City

Greensboro

State

NC

Zip Code

27401-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577038

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Mansell

Mailing Address 208 Staunton Dr

City

Greensboro

State

NC

Zip Code

27410-6065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577039

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Mattern

Mailing Address 5807 Scotland Oaks Ct

City

Greensboro

State

NC

Zip Code

27407-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577040

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. James Maxwell

Mailing Address 4 Loch Ridge Dr

City

Greensboro

State

NC

Zip Code

27408-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577041

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Olson

Mailing Address 3 Captains Pt

City

Greensboro

State

NC

Zip Code

27455-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577042

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Liviu Pop

Mailing Address 1651 Southwood Dr

City

Asheboro

State

NC

Zip Code

27205-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577043

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Shepherd

Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City

Greensboro

State

NC

Zip Code

27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577044

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Shogry

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing
federal political committee.**C**Name of Employer
Greensboro RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: 34577045

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. John Stahl

Mailing Address 3 Baywater Ln

City Greensboro State NC Zip Code 27408-3123

FEC ID number of contributing
federal political committee.**C**Name of Employer
Greensboro Radiology, PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: 34577046

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. John Strong

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City Greensboro State NC Zip Code 27415-1023

FEC ID number of contributing
federal political committee.**C**Name of Employer
Greensboro RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: 34577047

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Taylor Stroud

Mailing Address 300 Wentworth Dr

City

Greensboro

State

NC

Zip Code

27408-6522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577048

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Kyle Talbot

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City

Greensboro

State

NC

Zip Code

27401-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577049

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Turner

Mailing Address 3602 Primrose Ave

City

Greensboro

State

NC

Zip Code

27408-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577050

Amount of Each Receipt this Period

225.79

SUBTOTAL of Receipts This Page (optional)

677.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Veazey

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City	State	Zip Code
Greensboro	NC	27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology Assoc
PAOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577051

Amount of Each Receipt this Period

225.79

B.

Full Name (Last, First, Middle Initial)

Dr. Glenn Yamagata

Mailing Address Greensboro Radiology PA
1317 N Elm St Ste 1B

City	State	Zip Code
Greensboro	NC	27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577052

Amount of Each Receipt this Period

225.79

C.

Full Name (Last, First, Middle Initial)

Dr. Larry Anderson

Mailing Address 3822 Colby Ave

City	State	Zip Code
Everett	WA	98201-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577425

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

691.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City

Woodinville

State

WA

Zip Code

98072-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577427

Amount of Each Receipt this Period

384.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577429

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st PI SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577430

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)

1344.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ben Harmon

Mailing Address Radia Medical Imaging
728 134th St SW Ste 120City State Zip Code
Everett WA 98204-5322FEC ID number of contributing
federal political committee.**C**Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

863.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577431

Amount of Each Receipt this Period

545.40

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City State Zip Code
Clinton WA 98236-9768FEC ID number of contributing
federal political committee.**C**Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577432

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Marlow

Mailing Address 7821 115th PI NE

City State Zip Code
Kirkland WA 98033-6710FEC ID number of contributing
federal political committee.**C**Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577433

Amount of Each Receipt this Period

480.00

SUBTOTAL of Receipts This Page (optional)

1625.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 147

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577436

Amount of Each Receipt this Period

480.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Robinson

Mailing Address 1521 2nd Ave Apt 3201

City

Seattle

State

WA

Zip Code

98101-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577437

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City

Kirkland

State

WA

Zip Code

98033-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

939.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 34577438

Amount of Each Receipt this Period

589.00

SUBTOTAL of Receipts This Page (optional)

1269.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 147

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mohammed Quraishi

Mailing Address 534 13th Ave W

City

Kirkland

State

WA

Zip Code

98033-4831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 34577439

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

108872.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

011

Category/
TypeCandidate Name
Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 33736058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement

011

Category/
TypeCandidate Name
Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 33736064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Amount of Each Disbursement this Period

3500.00

C. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Fortney Peter StarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 33746898

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

Candidate Name
Rep. Fortney Peter StarkOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 33746899

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Bringing Leadership Back PAC (BLB PAC)

Mailing Address PO BOX 2246

City State Zip Code
Waterloo IA 50704

Purpose of Disbursement

Candidate Name
Bringing Leadership Back PAC (BLB PAC)Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33957228

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190City State Zip Code
Columbus OH 43231

Purpose of Disbursement

Candidate Name
Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ President

State: OH District: 12

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 34145712

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	0

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Re-Elect McGovern Committee

Mailing Address PO Box 60405

City
WorcesterState
MAZip Code
01606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James P. McGovern

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 03

Transaction ID: 34206003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lee Terry For Congress

Mailing Address PO Box 540098

City
OmahaState
NEZip Code
68154

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lee Terry

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 02

Transaction ID: 34206004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 15

Transaction ID: 34206005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 01

Transaction ID: 34331917

Date of Disbursement

04 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Doc PAC

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doc PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 34331918

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 34331919

Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 / 147

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 34331920

Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Linda Sanchez

Mailing Address 1212 S. Victory Blvd
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Linda T. Sanchez

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: 34331921

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Castle

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District:

Transaction ID: 34331922

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: 34331923 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 4 / 2 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1500.00</div> </p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Dent For Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15</p>	<p>Transaction ID: 34331924 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 4 / 2 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Dennis Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 12</p>	<p>Transaction ID: 34416622 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 4 / 2 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">3000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 / 147

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement

011

Category/
Type

Candidate Name
John S Fund

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 34416628

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City
Fort Wayne

State
IN

Zip Code
46804

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Mark E. Souder

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: 34555096

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Paul D. Ryan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 34555443

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pete PAC

Mailing Address 7804 Evening Lane

City
Alexandria

State
VA

Zip Code
22306

Purpose of Disbursement

011

Category/
Type

Candidate Name
Pete PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 34558413

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Bucshon For Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Larry Bucshon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: 34558414

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

64000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 / 147

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
RichmondState
VAZip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 34760637

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Amount of Each Disbursement this Period

394.59

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

394.59

TOTAL This Period (last page this line number only)

394.59